

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

BETTY PAC

ADDRESS (number and street)

PO BOX 14141

☐Check if different  
than previously  
reported. (ACC)

ST PAUL

MN

55114

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00405050

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☒

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

1 0

1 4

2 0 1 0

through

1 1

2 2

2 0 1 0

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Jerry Samargia

Signature of Treasurer

Electronically Filed by Jerry Samargia

Date

1 2

0 1

2 0 1 0

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 12

Write or Type Committee Name  
BETTY PAC

Report Covering the Period: From: 

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	9212.40
(b) Cash on Hand at Beginning of Reporting Period .....	5852.98	
(c) Total Receipts (from Line 19) .....	17000.00	51600.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	22852.98	60812.40
7. Total Disbursements (from Line 31) .....	19083.34	57042.76
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	3769.64	3769.64
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 12

Write or Type Committee Name

BETTY PAC

Report Covering the Period:

From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	10000.00	21500.00
(ii) Unitemized .....	0.00	600.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	10000.00	22100.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	7000.00	29500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	17000.00	51600.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	17000.00	51600.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	17000.00	51600.00

## DETAILED SUMMARY PAGE

of Disbursements

4 / 12

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	3083.34	7042.76	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	3083.34	7042.76	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16000.00	50000.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	19083.34	57042.76	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19083.34	57042.76	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 12

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	17000.00	51600.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	17000.00	51600.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	3083.34	7042.76
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	3083.34	7042.76

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 12

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

BETTY PAC

**A.**

Full Name (Last, First, Middle Initial)

Leech Lake Band of Ojibwe

Mailing Address 6530 US Highway 2 NW

City

Cass Lake

State

MN

Zip Code

56633

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID: SA11AI.4517

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Shakopee Mdewakanton Sioux Community

Mailing Address 2330 Sioux Trail NW

City

Prior Lake

State

MN

Zip Code

55372

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: SA11AI.4513

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional) .....

10000.00

TOTAL This Period (last page this line number only) .....

10000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 12

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BETTY PAC

**A.**

Full Name (Last, First, Middle Initial)  
AMERICAN CRYSTAL SUGAR COMPANY PAC

Mailing Address 101 North 3rd Street

City State Zip Code  
Moorhead MN 56560

FEC ID number of contributing  
federal political committee. **C** C00110338

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11C.4516

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)  
AMERICAN INDIAN SOVEREIGNTY SELF-DETERMINATION & ECONOMIC PAC OF THE NATIONAL INDIAN

Mailing Address 224 2ND STREET SE

City State Zip Code  
WASHINGTON DC 20003

FEC ID number of contributing  
federal political committee. **C** C00367177

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11C.4514

Amount of Each Receipt this Period

2000.00

**SUBTOTAL** of Receipts This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....

7000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 / 12

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 BETTY PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Will Blauvelt	<b>Transaction ID:</b> SB21B.4518 <b>Date of Disbursement</b>
Mailing Address 400 Selby Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 4 / 2 0 1 0</div> </div>
City State Zip Code St. Paul MN 55102	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Catering	<div>755.34</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Mystic Lake Casino	<b>Transaction ID:</b> SB21B.4518.0 <b>Date of Disbursement</b>
Mailing Address 2400 Mystic Lake Blvd NW	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 4 / 2 0 1 0</div> </div>
City State Zip Code Prior Lake MN 55372	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Catering	<div>755.34</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Ted Glasrud Associates MN LLC	<b>Transaction ID:</b> SB21B.4521 <b>Date of Disbursement</b>
Mailing Address 1700 West Highway 36 Suite 360	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 2 / 2 0 1 0</div> </div>
City State Zip Code Roseville MN 55113	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Office Rent & Storage	<div>2328.00</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

3083.34

**TOTAL** This Period (last page this line number only) .....

3083.34



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 / 12

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 BETTY PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial)  <b>A WHOLE LOT OF PEOPLE FOR GRIJALVA CONGRESSIONAL COMMITTEE</b></p> <p>Mailing Address PO Box 1242</p> <p>City Tucson State AZ Zip Code 85702</p> <p>Purpose of Disbursement Contribution <input type="text"/></p> <p>Candidate Name RAUL M GRIJALVA</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: AZ District: 07</p>	<p><b>Transaction ID:</b> SB23.4544</p> <p>Date of Disbursement</p> <p><input type="text"/> <sup>M</sup> <input type="text"/> <sup>M</sup> / <input type="text"/> <sup>D</sup> <input type="text"/> <sup>D</sup> / <input type="text"/> <sup>Y</sup> <input type="text"/> <sup>Y</sup> <input type="text"/> <sup>Y</sup> <input type="text"/> <sup>Y</sup></p> <p>10 / 27 / 2010</p> <p>Amount of Each Disbursement this Period</p> <p><input type="text"/> 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial)  <b>BEN CHANDLER FOR CONGRESS</b></p> <p>Mailing Address P. O. Box 12678</p> <p>City Lexington State KY Zip Code 40508</p> <p>Purpose of Disbursement Contribution <input type="text"/></p> <p>Candidate Name A.B. III CHANDLER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: KY District: 06</p>	<p><b>Transaction ID:</b> SB23.4533</p> <p>Date of Disbursement</p> <p><input type="text"/> <sup>M</sup> <input type="text"/> <sup>M</sup> / <input type="text"/> <sup>D</sup> <input type="text"/> <sup>D</sup> / <input type="text"/> <sup>Y</sup> <input type="text"/> <sup>Y</sup> <input type="text"/> <sup>Y</sup> <input type="text"/> <sup>Y</sup></p> <p>10 / 27 / 2010</p> <p>Amount of Each Disbursement this Period</p> <p><input type="text"/> 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial)  <b>BOSWELL FOR CONGRESS</b></p> <p>Mailing Address PO Box 6220</p> <p>City Des Moines State IA Zip Code 50309</p> <p>Purpose of Disbursement Contribution <input type="text"/></p> <p>Candidate Name LEONARD L. BOSWELL</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: IA District: 03</p>	<p><b>Transaction ID:</b> SB23.4541</p> <p>Date of Disbursement</p> <p><input type="text"/> <sup>M</sup> <input type="text"/> <sup>M</sup> / <input type="text"/> <sup>D</sup> <input type="text"/> <sup>D</sup> / <input type="text"/> <sup>Y</sup> <input type="text"/> <sup>Y</sup> <input type="text"/> <sup>Y</sup> <input type="text"/> <sup>Y</sup></p> <p>10 / 27 / 2010</p> <p>Amount of Each Disbursement this Period</p> <p><input type="text"/> 1000.00</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**3000.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 / 12

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 BETTY PAC

A.

Full Name (Last, First, Middle Initial)  
 BRALEY FOR CONGRESS

Mailing Address PO Box 390

City Waterloo State IA Zip Code 50704

Purpose of Disbursement  
 Contribution

Candidate Name  
 BRUCE L BRALEY

Category/  
 Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IA District: 01

Transaction ID: SB23.4537

Date of Disbursement

/   /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)  
 CITIZENS TO ELECT RICK LARSEN

Mailing Address PO Box 326

City Everett State WA Zip Code 98206

Purpose of Disbursement  
 Contribution

Candidate Name  
 RICHARD RAY LARSEN

Category/  
 Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: WA District: 02

Transaction ID: SB23.4546

Date of Disbursement

/   /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)  
 DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address 430 South Capitol Street SE  
 2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement  
 Contribution

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.4550

Date of Disbursement

/   /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 12

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 BETTY PAC

**A.** Full Name (Last, First, Middle Initial)  
 DINA TITUS FOR CONGRESS

Mailing Address PO Box 50614

City Henderson State NV Zip Code 89016

Purpose of Disbursement  
 Contribution

Candidate Name  
 DINA TITUS

Category/  
 Type

Office Sought: ☒ House ☐ Senate ☐ President  
 Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify) ▼

State: NV District: 03

Transaction ID: SB23.4548

Date of Disbursement

10 / 27 / 2010

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
 JEFF DOCTOR FOR CONGRESS

Mailing Address PMB 65  
 9716-B REA ROAD

City CHARLOTTE State NC Zip Code 28277

Purpose of Disbursement  
 Contribution

Candidate Name  
 JEFFREY JAMES DOCTOR

Category/  
 Type

Office Sought: ☒ House ☐ Senate ☐ President  
 Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify) ▼

State: NC District: 09

Transaction ID: SB23.4532

Date of Disbursement

10 / 27 / 2010

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
 KIND FOR CONGRESS COMMITTEE

Mailing Address 205 5th Avenue South  
 Suite 428

City La Crosse State WI Zip Code 54601

Purpose of Disbursement  
 Contribution-Debt Retirement

Candidate Name  
 RON KIND

Category/  
 Type

Office Sought: ☒ House ☐ Senate ☐ President  
 Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify) ▼

State: WI District: 03

Transaction ID: SB23.4551

Date of Disbursement

11 / 10 / 2010

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 12

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
 BETTY PAC

**A.** Full Name (Last, First, Middle Initial)  
 KURT SCHRADER FOR CONGRESS

Mailing Address 2236 SE 10th Ave  
 Suite 240

City Portland State OR Zip Code 97214

Purpose of Disbursement  
 Contribution

Candidate Name  
 KURT SCHRADER

Category/  
 Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OR District: 05

Transaction ID: SB23.4543

Date of Disbursement

10 / 27 / 2010

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
 LOEBSACK FOR CONGRESS

Mailing Address PO Box 2720

City Cedar Rapids State IA Zip Code 52406

Purpose of Disbursement  
 Contribution

Candidate Name  
 DAVID WAYNE LOEBSACK

Category/  
 Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IA District: 02

Transaction ID: SB23.4539

Date of Disbursement

10 / 27 / 2010

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
 TIM BISHOP FOR CONGRESS

Mailing Address PO Box 437

City Farmingville State NY Zip Code 11738

Purpose of Disbursement  
 Contribution

Candidate Name  
 TIMOTHY t BISHOP

Category/  
 Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY District: 01

Transaction ID: SB23.4535

Date of Disbursement

10 / 27 / 2010

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

16000.00